

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

	RFP Reference	Section	Page Number	Question	Responses
1	RFP, Main Addendum 5	Section L, Cost Proposal Format and Content Section	Pages 47-55	RFP Main, Section L does not appear to provide instructions on how to complete Attachment 17. Would CDHS please provide detailed instructions pertaining to the level of detail required in Attachment 17 and how or if each detailed description of the cost elements correlates to each pricing sheet?	Attachment 17, Cost Proposal Form is to be completed by the Contractor when proposing costs related to a Change Order or Amendment, as identified in Exhibit E, Section 14, Change Orders. All Change Order or Amendment costs proposed by the Contractor shall be identified on Attachment 17. The level of detail will be discussed at the time a Change Order and/or Amendment is necessary.
2	RFP, Main Addendum 5	Section L.1.g.4 Cost Proposal Format and Content Section	Page 48	RFP Main, Section L.1.g.4 states, "The letter should state that Attachments 16-1 to 16-11 are complete and provided in a separate sealed package". Attachment 17 also has financial information, but there are no instructions to include it in the sealed portion of the bid. Could CDHS please inform us where or if Attachment 17 should be in our response?	Attachment 17 is only required for a Change Order and/or Amendment. It is not required as part of the sealed portion of the bid.
3	RFP, Main Addendum 5	Section L.1.h.2 Cost Proposal Format and Content Section	Page 48	RFP Main, Section L.1.h.2 states, "The second package shall be in a sealed box containing the Cost Proposal Price Forms as detailed in RFP Section L.4." Section L.4 does not include Attachment 17 or 18. Could CDHS please let us know how or if these pricing forms are to be delivered?	Attachment 17 is not required as part of the sealed portion of the bid. Attachment 18 requirements are identified in Exhibit E, Section 28.D. Escrow Bid Documents Submittal.
4	Exhibit E,	Section 23,	20 of 58	Exhibit E, Section 23 states "Such	Attachment 17 is only required for a Change Order and/or Amendment.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

	RFP Reference	Section	Page Number	Question	Responses
	Additional Provisions Addendum 5	Cost or Pricing Data		cost or pricing data shall be submitted on the Cost Proposal form, Attachment 17". Could CDHS please clarify the purpose of Attachment 17, whether it is just for Change Orders or if it is required to be completed as part of the Price Proposal?	
5	RFP, Main Addendum 5	Section L.3 b, Cost Allocation	50	<p>RFP Main, Section L.3.b has a calculation example: In keeping with the example under Section 3, the Base Volume Range Bid for the first year is reported as \$1,200,000. The first phase is identified to be an eight (8) month period. \$1,200,000 ÷ 8 = \$150,000 per month"</p> <p>Could CDHS please verify that this example should be 9 months as identified elsewhere in the RFP?</p>	The example will be revised to illustrate a nine (9) month period.
6	Exhibit A, Attachment II, Operations Addendum 5	Section 1.5.1.2.G, Presentation Site Space and Staffing Plan Implementation	1 - 11	Exhibit A, Attachment II, Section 1.5.1.2.G states "On an ongoing basis, the Contractor shall provide or arrange to obtain appropriate furniture, equipment, office supplies, electrical outlets and electronic communication devices where HCO presentations may occur. Presentation Sites should be equipped with telephones,	When the County provides office space for the Presentation Sites, the County provides these items. If the CDHS determines that a Presentation Site needs to be opened in an area where County office space is not available, these items will be cost reimbursed.
	Exhibit B,	and			

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

	RFP Reference	Section	Page Number	Question	Responses
	Attachment I Special Payment Provisions Addendum 5	Section 1.14.1.7.B, Office Equipment and Furniture	26 of 33	<p>Facsimile equipment (a fax machine), and Internet connectivity if available.”</p> <p>Exhibit B, Attachment I, Section 1.14.1.7.B states ”The CDHS will reimburse the Contractor actual costs for the lease or purchase it incurs furnishing and equipping HCO presentation sites. Equipment and furniture shall be leased or purchased only after good faith efforts to acquire the necessary furniture through other means have failed, and only after written CDHS approval has been secured (see Exhibit E, Additional Provisions, Section 36, Inventory and Treatment of CDHS Property). Other direct or indirect costs are excluded.”</p> <p>Could CDHS please clarify under what circumstances, the contractor should provide the items in 1.5.1.2.G verses submitting these items as cost-reimbursed under 1.14.1.7.B?</p>	
7	Exhibit B, Attachment 1 Addendum 5	Section 1.12, Additional Contractual Services	21-22 of 33	Exhibit B, Attachment I, Section 1.12 does not include the ACS for Extended Hours of Telephone Call Center Operations. Would CDHS please clarify if Section 1.12 should include this ACS?	Exhibit B, Attachment 1, Section 1.12 will be revised to include Extended Hours of Telephone Call Center Operations.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

	RFP Reference	Section	Page Number	Question	Responses
8	Exhibit B, Attachment 1 Addendum 5	Section 1.12, Additional Contractual Services	21 of 33	<p>Exhibit B, Attachment I Section 1.12: “DD&I, Operations, Cost Reimbursement and cost bid amounts shall be reported separately in the ACS proposal before being aggregated into a single ACS price”.</p> <p>The Additional Contractual Service pricing sheets (Attachments 16-10.1 through 7) do not have anyplace to add Cost Reimbursement bid amounts. Could CDHS please advise us if the requirement to provide “Cost Reimbursement” bid amount should be removed from Section 1.12?</p>	As identified in the RFP Main, Section 4.j., only the proposed bid price for the Design, Development and Implementation and Operations for each ACS shall be entered on Attachment 16-10.1-7. Any applicable cost reimbursement expenses shall be separately identified in the ACS proposal(s).
9	Exhibit B, Attachment 1 Addendum 5	Section 1.12.1, Additional Contractual Services	22 of 33	<p>Exhibit B, Attachment I Section 1.12.1: “DD&I, Cost Reimbursement, and Operations cost bid amounts shall be reported separately in the ACS proposal before being aggregated into a single ACS price”.</p> <p>The Additional Contractual Service pricing sheets (Attachment 16-10.11) does not have anyplace to add a Cost Reimbursement bid amount. Could CDHS please advise us if the requirement to provide “Cost Reimbursement” bid amount</p>	As identified in the RFP Main, Section 4.j., only the proposed bid price for the Design, Development and Implementation and Operations for each ACS shall be entered on Attachment 16-10.1-7. Any applicable cost reimbursement expenses shall be separately identified in the ACS proposal(s).

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

	RFP Reference	Section	Page Number	Question	Responses
				should be removed from Section 1.12.1?	
10	Exhibit B, Attachment 1 Addendum 5	Section 1.14.1.13, Personal Computers, Printers, Copy Machines, Related Equipment and Software	27 of 33	Exhibit B, Attachment I, Section 1.14.1.13, states, "The CDHS will reimburse all direct costs for the purchase, lease, installation and maintenance of equipment and software as authorized by the Contracting Officer." Could CDHS please elaborate on what type equipment and software is reimbursable during Takeover, Operations (both central office and presentation sites), and Turnover? For example, does CDHS intend to have all personal computers, printers, copy machines, related equipment, and software for all staff in operations categorized as a reimbursement cost? If so, does this include servers, networking equipment and software implemented during Takeover?	The only equipment and software that will be cost reimbursed is the equipment and software that the CDHS directs the Contractor to purchase.
11	Exhibit E, Additional Provisions	Section 30.A, Financial Reporting Requirements	34 of 58	Exhibit E, Section 30.A states: "A. Quarterly Information As soon as available, and in any event not later than thirty (50) calendar days, or for such other period as the Contracting Officer may authorize in writing, after the close of each quarter of the Contractor's fiscal year, the	Quarterly information is required thirty (30) days after the close of each quarter.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

	RFP Reference	Section	Page Number	Question	Responses
				Contractor shall submit:" Could CDHS please whether Quarterly Information is required 30 or 50 days after the close of each quarter?	
12	Question 88 Administrative Bulletin 6 Q&A		26 of 91	In regard to CDHS's response to question 88, "Historical storage volumes (in units) are listed as follows:", could CDHS please define specifically what a "unit" consists of?	A unit is one (1) publication, or one (1) application form, or one (1) handbook.
13	Question 90 Administrative Bulletin 6 Q&A		26/27 of 91	The CDHS responses to questions 88 and 90 have a significant difference between the volumes of Medi-Cal publications that should be stored and the volumes that are anticipated for mailed to individual requestors. Could CDHS please elaborate on the monthly and annual volume requirements for storage?	The Contractor is required to fulfill orders for Medi-Cal publications from a diverse group of customers. These customers include individuals, community-based organizations, commercial interests, and county offices. Fulfillment of orders to individuals represents a small fraction of the expected overall shipping volume. CDHS expects that the majority of orders will be received from customers requesting bulk supplies of Medi-Cal publications, such as community-based organizations and county offices.
14	Question 153 Administrative Bulletin 6 Q&A	Exhibit A, Attachment I, Takeover and Exhibit A, Attachment II, Operations	Takeover page 7 and 47 Operations, Security, page 8-1	Takeover , 1.17 Security and Confidentiality Plan states: "Submit to CDHS for review and approval a Security and Confidentiality Plan , within one (1) business day after CED. The plan shall meet the requirements as specified in the Exhibit A, Attachment II, Section 8, Security and Confidentiality." (Page 47) 1.5 Takeover Schedule States:	The language will be changed to require the Security and Confidentiality Plan to be submitted in the Narrative Proposal, and to implement the Security and Confidentiality Plan one (1) business day after CED. The language will be revised in an addendum. Security and Confidentiality activities are the methods that the Proposer submitted in their Security and Confidentiality Plan by which they plan to meet all contractual requirements for maintaining and securing HCO information and facilities.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

	RFP Reference	Section	Page Number	Question	Responses
				<p>Submit Security and Confidentiality Plan One (1) Business Day After CED Takeover, 1.17.A and Implement Security and Confidentiality Plan Two (2) Weeks After CED Takeover, 1.17.B (Page 7)</p> <p>However, in response to question 153, CDHS states: The Contractor shall be responsible for implementing the Security and Confidentiality Plan within one (1) business day after CED. The language will be revised in an addendum</p> <p>Operations, 8.1 Overview states: This section describes the requirements for Security and Confidentiality activities to be implemented within one (1) business day afterby Contract Effective Date (CED) and continued throughout the term of the Contract.</p> <p>Could CDHS please clarify when the “Plan” needs to be “Submitted” and “Implemented” and what the difference is between “activities” listed in 8.1 and the submission and</p>	

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

	RFP Reference	Section	Page Number	Question	Responses
				implementation of the “Plan” in Takeover 1.17?	
15	Question #175 Administrative Bulletin 6, Q&A		51	<p>Could CDHS please provide information pertaining to the “fees” paid for subcontracting space for HCO presentation?</p> <p>1.Are these fees cost-reimbursed to the contractor? 2. If these fees are not cost-reimbursed, can CDHS please supply the costs for each presentation site? 3. Will the new contractor be responsible for prior agreements?</p>	<p>There are no fees associated with the contracting of space for HCO presentations.</p> <p>Prior agreements (Memorandums of Understanding) between Presentation Sites and the current contractor are fairly general, and will have to be re-signed in order to be in affect during the new Contract.</p>
16	Addendum 5, Official Answers to Questions	Question 15	4 of 91	The official answers to questions indicated that the information requested is in the Data Library. After an exhaustive search, we have been unable to locate this information. Will CDHS provide more detail on the specific location of this information within the Data Library?	Annual and Quarterly Statements can be found within the Data Library under the heading of DHS HCO Letters.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

17	Addendum 5, Official Answers to Questions	Question 17	5 of 91	The official answers to questions indicated that the information requested is in the Data Library. We have been unable to locate this information. Will CDHS provide more detail on the specific location of this information within the Data Library?	Correspondence is located throughout the Data Library DVDs, with most being included under the headings of H Letters and DHS HCO Letters. The sample satisfaction survey, within the Monthly Quality Assurance Progress Report and Monthly Progress Report, has been added to the Data Library under the headings of Satisfaction Survey Sample, Monthly Progress Report and DHS HCO Letters. Reports are included in the Data Library under the heading Reports, as well as in headings that include the name 'Reports'. Provider Directories are included in the informing packets in the on-site Data Library located at OMCP. Policies and Procedures, including some training areas, are included in the Data Library DVDs.
18	Addendum 5, Official Answers to Questions	Question 35	8 of 91	The official answers to questions indicated that the information requested is in the Data Library. We have been unable to locate this information. Will CDHS provide more detail on the specific location of this information within the Data Library?	The Data Library, under the heading Business Requirements—State Fair Hearings, includes Business Requirements for the State Fair Hearing process. These requirements outline the procedures the Contractor is to follow when processing State Fair Hearing requests. The current contractor's policies and procedures manuals for their Research Department, which are included in the Data Library under the heading MAXIMUS Policies and Procedures Manuals, have information regarding this as well. The Contractor's effort in meeting this contractual requirement is to provide the Medi-Cal Managed Care Ombudsman Unit with copies of all enrollment documentation in the Contractor's possession that pertains to the affected applicant/ beneficiary. The Medi-Cal Managed Care Ombudsman Unit provides the staff support needed at State Fair Hearings.
19	Addendum 5, Official Answers to Questions	Question 38	9 of 91	Could CDHS please verify that the expected threshold languages are Spanish, Vietnamese, Cantonese, Mandarin, Other Chinese, Armenian, Korean, Cambodian, Russian, Tagalog, Farsi, Arabic, and Hmong.	No, CDHS will not verify the threshold languages.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

20	Addendum 5, Official Answers to Questions	Question 44	11 of 91	The official answers to questions indicated that the information requested is in the Data Library. We have been unable to locate this information. Will CDHS provide more detail on the specific location of this information within the Data Library?	The official answer was stated incorrectly. A Document Management System is not used in the current contract; therefore, there is no Document Management System information to provide to Proposers.
21	Addendum 5, Official Answers to Questions	Question 46	11 of 91	The official answers to questions indicated that the information requested is in the Data Library. We have been unable to locate this information. Will CDHS provide more detail on the specific location of this information within the Data Library?	The current contractor's Technical Proposal, dated 2001, located in the Data Library under the heading MAXIMUS Technical Proposal – Price Proposals, includes their plan for meeting Turnover requirements as specified in the current contract. Specifics detailed in the Turnover work plan, the activities of which began in January 2007, are provided to CDHS in minute detail and it is not feasible to submit that to Proposers in such a format. If, however, Proposers request such, a high-level Turnover work plan will be considered for distribution.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

22	Addendum 5, Official Answers to Questions	Question 52	13 of 91	<p>The official answers to questions indicated that the information requested is in the Data Library. We have been unable to locate this information. Will CDHS provide more detail on the specific location of this information within the Data Library?</p> <p>In addition, would CDHS clarify that the Contractor will be reimbursed for significant costs that it incurs in supporting state fair hearings requested by beneficiaries or applicants when they are dissatisfied with any action or inaction by a county, CDHS, or any person or organization acting on behalf of a county or CDHS? Alternatively, would CDHS clarify the nature and scope of those costs and agree to limitation on their maximum amount?</p>	<p>Please see the answer to # 18 above.</p> <p>The cost of the copy work required to meet contractual requirements for State Fair Hearing activities should be included in the fixed price as the activity is required in the scope of work in Exhibit A, Attachment II, Section 7, Records Retention and Retrieval.</p>
23	Addendum 5, Official Answers to Questions	Question 61	16 of 91	<p>The response states that the original form is to be returned to the recipient along with an Unable to Process letter. Would an imaged copy of the original form be sufficient to send along with the Unable to Process letter or does it have to be the actual original paper form they submitted?</p>	<p>The official answer was stated incorrectly. An image of the original form can be returned to the recipient along with an Unable to Process letter.</p>

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

24	Addendum 5, Official Answers to Questions Attachment 2	Question 63 Required Attachment/ Certification Checklist	17 of 91 2 of 4, 3 of 4	While the reference to the executive summary page limit was corrected in Section O.1 of the RFP Main document, the Certification Checklist in Attachment 2 still states that the Executive Summary is limited to 3 pages. This form also does not include the Narrative Proposal Transmittal Letter under "Proposal Format and Content." Should the Narrative Transmittal Letter follow the table of contents, as described in Section K.3.c of the RFP Main document? Can proposers include additional appendix material beyond what is listed in Section K.3.k and Attachment 2, such as sample materials?	The correct number of pages for the Executive Summary is five (5) pages. The Certification Checklist will be corrected to reflect that in an addendum. The Narrative Proposal Transmittal Letter should follow the Table of Contents and the Certification Checklist will be amended to include this requirement. In accordance with the RFP Main, Section P.9.B.1, unless CDHS requests additional information, the answer is no to sample materials.
25	Addendum 5, Official Answers to Questions	Question 64	18 of 91	The response indicates that they are the same position but it is unclear from the question what two titles the questioner is referring to. Can CDHS please indicate specifically what two positions it considers the same?	The position of Medi-Cal Publications Project Manager as referenced in RFP Main, Section K.3.g.1)e)viii, page 32 and the position identified as Project Director of Medi-Cal Publications as referenced in RFP Main, Section K.3.g.1)e) third paragraph, page 32 are the same position.
26	Addendum 5, Official Answers to Questions	Question 91	27 of 91	The official answers to questions indicated that the information requested is in the Data Library. We have been unable to locate this information. Will CDHS provide more detail on the specific location of this information within the Data Library?	The 2006 Daily New Eligibles by County Report HCP010, which is generated by ITSD, contains information pertaining to beneficiaries who are newly eligible for Medi-Cal benefits. This report is located in the Data Library under the headings Daily New Eligibles By County Report and Reports.
27	Addendum 5, Official Answers to Questions	Question 98	29 of 91	The response indicates that 1,046	The current Contract paper records that will be transferred to the new Contractor

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

			<p>pallets measuring 40x48 inches would be transferred to the new contractor and that this volume is based on 90 days worth of documents. Based on a conservative estimate, this suggests that there are more than 23.5 million pages documents that would be transferred. (Assume 9 archive boxes with dimensions of 15"x 12"x 10 " per pallet and each box can contain approximately 2500 pages = $9 \times 1046 \times 2500 = 23,535,000$). This seems like a large volume of paper for a 90-day operating period. Can CDHS please clarify the following:</p> <ul style="list-style-type: none">◆ Are these just documents that are a part of the normal processing of beneficiary information for the HCO program or do they include the various reports that the current vendor is required to provide to CDHS?◆ Does this include any informing or Medi-Cal materials?◆ Is this just a 90-day stock of material or does it go further back than 90 days.◆ Will the CDHS require that the current contractor provide everything in paper form or will electronic versions be required of the current vendor?	<p>upon Assumption of Operations will be approximately 863 pallets of HCO informing materials which includes up to a 90 day supply of: provider directories, recycle material, mailing envelopes, enrollment forms, and beneficiary survey cards. These records do not include the various reports that the current contractor is required to provide to CDHS, and does not include Medi-Cal publications. All of the HCO informing materials shall be supplied in paper form.</p>
--	--	--	---	--

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

28	Addendum 5, Official Answers to Questions	Question 105	30 of 91	Our assumption is that the CDHS's ownership rights extend only to intellectual property developed specifically under the Agreement and not to Contractor's preexisting proprietary software. Is that assumption correct?	Please see Exhibit D-F, Provision 10, Intellectual Property Rights and Exhibit E, Additional Provisions, Provision 12, CDHS Ownership, for additional information. CDHS ownership rights extend to the intellectual property developed specifically under the Contract and not to the Contractor's pre-existing proprietary software.
29	Addendum 5, Official Answers to Questions	Question 106	30 of 91	The official answers to questions indicated that examples of materials and trend data are in the Data Library. After an exhaustive search, we have been unable to locate this information. Will CDHS provide more detail on the specific location of this information within the Data Library?	HCO Informing Material examples are located on-site in the Data Library. Trend data for the number and complexity of changes made to HCO Informing Materials during the current contract can be found in the Data Library DVDs under the headings H Letters and DHS HCO Letters.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

30	Addendum 5, Official Answers to Questions	Question 108	31 of 91	<p>The answer to this question states that CDHS will allow the contractor to become ISO certified within 180 calendar days following CED.</p> <p>Exhibit A, Attachment II, Section 4.6.1, subsections A – E, states that “the Contractor must ensure that the QA procedures comply with ISO standards upon CED, by maintaining, at a minimum, six (6) documented procedures that best suit the needs of the Contractor as applied to the HCO Program.” According to Exhibit A, Attachment I, section 1.13.1 Quality Assurance Plan – the plan is not due until one month after CED. Please clarify the apparent inconsistency in timeframes. Also, are the six documented procedures in reference to procedures for the HCO program or examples of procedures the contractor uses in other operations?</p>	<p>The Contractor may request a temporary waiver of Exhibit A, Attachment II, Section 4.6.1 A—E, should the Contractor require additional time to become ISO certified.</p> <p>The language in Exhibit A, Attachment I, Section 1.13.1, Quality Assurance Plan reads that the Quality Assurance Plan is to be updated and submitted one month after CED.</p> <p>The six (6) documented procedures are to be HCO Program-specific.</p>
----	---	--------------	----------	--	---

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

31	Addendum 5, Official Answers to Questions	Question 108	31 of 91	The responses says that the contractor and/or subcontractors must become ISO certified within the first 180 calendar dates after the Contract Effective date (CED). This contradict section 4.6.1 on page 4-6 of the original Exhibit A, Attachment II which say s that the contractor has 12 months following CED to become certified. If the CED is the start of the takeover period the 180 days would be before operations actually start which would seem an odd time to become certified. Can CDHS please clarify the apparent contradiction between the response to a question related to section 4.2 and the requirements of section 4.6 and how the timing of this fits in with the overall start of operations?	The official answer was stated incorrectly. The language in Exhibit A, Attachment II, Section 4.6.1, Quality Assurance Plan, states that the Contractor shall attain ISO certification within twelve (12) months of the CED.
32	Addendum 5, Official Answers to Questions	Question 123	36 of 91	In the MEDS file will the contractor receive the date of the last address update in the county? If so, can the contractor use the most recent address update (based on the contractor and MEDS system information) to mail to recipients?	No, the MEDS file does not provide the date of the last address update in the county. The system used by the Contractor shall capture the date of the MEDS file which contains the address change. Yes, the Contractor can use the most recent address update.
33	Addendum 5, Official Answers to Questions	Question 175	51 of 91	Are fees charged by all DSS offices in which ESRs conduct HCO presentations, or a subset of them? If a subset, how many? What are the average monthly fees per DSS office?	Please refer to question #15.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

34	Addendum 5, Official Answers to Questions	Question 179	52 of 91	The official answers to questions indicated that the information requested is in the Data Library. We have been unable to locate this information. Will CDHS provide more detail on the specific location of this information within the Data Library?	This information can be located in the Data Library DVDs in the H Letters heading. These letters contain instructions for the current contractor to mail HCO Informing Materials to HCO Presentation Sites, health plans and other interested parties. Also the Data Library DVDs, under the heading of Reports, contain Monthly Progress Reports which detail mailings to these entities.
35	Addendum 5, Official Answers to Questions	Question 185	54 of 91	The official answers to questions indicated that the list requested is in the Data Library. After an exhaustive search, we have been unable to locate this information. Will CDHS provide more detail on the specific location of this information within the Data Library?	Detail regarding all retained documents is located in the Data Library DVDs under the heading of Reports. The specific reports are entitled M37~the Master Index of Records, M36~ Quarterly Records/File Summary and M35~Records Retrieval Performance Report.
36	Addendum 5, Official Answers to Questions	Question 197	56 of 91	Considering the official answer to question 194, can we assume the answer is that "live" transactions for test purposes will be issued to a test environment? If not, please clarify.	Yes, 'live' transactions for test purposes will be issued in a test environment after it has been de-identified (PHI has been modified). .
37	Addendum 5, Official Answers to Questions	Question 198	57 of 91	How much of the 4 terabytes allocated is actual data versus free space? Do the contents of the database include documents and images (large objects) as well as simple tabular data such as integers and dates? If so, how much of the content is documents and images versus simple tables?	This level of detail is currently not available from the Contractor.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

38	Addendum 5, Official Answers to Questions	Question 207	59 of 91	What is the difference in the data in MEDS and in EDSnet? Is one system accessed for processing certain types of Exception to Plan Requests, and the other for different types? Or is it necessary to access them both for every type of Exception to Plan Request?	MEDS contains beneficiary information, i.e., Health Plan enrollment information, aid code status, etc. EDSnet contains Medi-Cal provider information for use in obtaining exception to plan enrollment request information. MEDS and EDSnet are both used to determine various types of information in regards to exception to plan enrollment request information.
39	Addendum 5, Official Answers to Questions	Question 207	59 of 91	Understanding that the HPE will need to interact with MEDS at the level of file exchange, what additional requirements, if any, are there to interact at the level of an online interface, such as terminal access or application-to-application processing? For example, will the contractor require terminal (emulation) access to MEDS, EDSnet or other systems? What screens or transactions will the contractor need to access? What is the technical nature of the online interface(s), e.g., 3270 emulation?	No additional requirements are necessary to interact with the online interfaces. The Contractor will require terminal (emulation) access for read-only purposes for both MEDS (beneficiary screens) and EDSnet (provider screens). The technical nature of the online interface is 3270 emulation.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

40	Addendum 5, Official Answers to Questions	Question 214	59 of 91	<p>The official answers to questions indicated that the information requested is in the Data Library. We have been unable to locate this information. Will CDHS provide more detail on the specific location of this information within the Data Library?</p> <p>In addition, is there any applicant or beneficiary-specific information that would ever be permissible for public disclosure? If so, what would it be, other than aggregated data in reports? In addition, the official answer to this question stated that additional information is in the data library. We cannot find such information. Will CDHS please provide more detail on the specific location within the Data Library that contains this information?</p>	<p>The Data Library DVDs contain Policies and Procedures for Records Retention within Information Systems, under the heading MAXIMUS Policies and Procedures Manuals, which contains information related to retention of applicant/beneficiary information. The current contract, however, does not require the contractor to identify documents which contain confidential or propriety information. Proposors are invited to submit their proposals for identifying such documents. During Takeover, the CDHS will work with the Contractor to determine the type of software program that will be usable by both parties.</p> <p>No applicant/beneficiary-specific information can be made public.</p>
----	---	--------------	----------	--	---

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

41	Addendum 5, Official Answers to Questions	Question 207	59 of 91	Will the contractor be required to navigate through multiple screens of information on MEDS and EDSnet? If so how many would there be for answering a typical question/concern raised by beneficiaries/representatives? What is the set of information that the contractor staff will typically be reviewing in these circumstances?	<p>The current contractor's call center uses MEDS but does not use EDSNet. There are twenty-one (21) screens the Customer Service Representative can use when accessing information from MEDS. Depending on the nature of the call, they may access one or all of the following screens:</p> <ul style="list-style-type: none">• Address Information• Buy-In and Bendex• Other Health Coverage• Change Dates and Auth. Rep. Information• Other Client Eligibility Information• Food Stamp• Food Stamp ABAWD Calendar• Health Care Plans 1 through 3• Health Care Plans 4 through 5• Health Care Plans – 13-15 Months Prior• Health Care Plan Capitation Information• Medi-Cal/CMSP – Primary• Pending/Denied Applications & Appeals• Bendex Title II Information• Title XVI – SSI/SSP• Medi-Cal/CMSP – Special Program 1• Medi-Cal/CMSP – Special Program 2• Medi-Cal/CMSP – Special Program 3• Medi-Cal/CMSP – Pending• Medi-Cal/CMSP – Future Pending• Medi-Cal/CMSP – 13-15 Months Prior <p>The reasons for accessing the MEDS screen data could be for several reasons, based on the questions during the call, including but not limited to:</p> <ul style="list-style-type: none">- Beneficiary or beneficiary representative from a Manage Care Plan, Enrollment Services Rep, Eligibility Worker, Department of Social Services, or a provider (MCP/ESR/EW/DPSS) that wants to check eligibility and/or Health Care Plan (HCP) Status.- Change provider/primary care physician/affiliate.- Enrolled in Managed Care Plan (MCP) but beneficiary has not received a Plan Member Identification (ID) Card.- Questions regarding Share of Cost (SOC)/Other Health Coverage
----	---	--------------	----------	--	---

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

					<p>(OHC)/Beneficiary Identification Card (BIC)/changes to beneficiary's information in MEDS.</p> <ul style="list-style-type: none">- Pre-printed Choice Form includes incorrect information (SSN/DOB/Address/Name).- Beneficiary moved to new county and received a packet with incorrect information.- Beneficiary is receiving bills from their provider.- Emergency Disenrollment Request (EDER).- Provider requesting exemption for beneficiary/exemption form faxed to office.- Beneficiary requesting information on primary care physician.- Beneficiary received a packet.- Mandatory beneficiary is turning voluntary next month and received a letter.- How to identify a Retro Enrollment Transaction performed in MEDS by the Office of Ombudsman. <p>The number of MEDS screens accessed during each call would depend on the type and number of questions by the calling party.</p> <p>The current contractor's research unit accesses five (5) EDSnet screens. These are used for verification of Medi-Cal providers in researching exception to plan enrollment requests.</p>
42	Addendum 5, Official Answers to Questions	Question 241	71 of 91	Section 1.10 within Exhibit B – Attachment I says that “under no circumstances shall the contractor be paid for ... administrative non-production hours such as training and staff meetings...” The response to the question states that “Operations staff meetings are considered a legitimate use of ESR's time but are not reimbursable beyond the maximum monthly hours.” This appears to be a contradiction. Could CDHS please identify the categories of work time that the Contractor will be reimbursed for, such as:	<p>Everything listed in the section cited (1.10, Exhibit B) is excluded from the maximum monthly hour allowable except training and staff meetings. All seven bulleted items in this question are allowable in the calculation of the maximum monthly hours.</p> <p>That is a sample calculation. Yes, there is a cap of hours available that is based on the number of FTE's approved and work days in a month. The billing formula is based on the number of FTEs times(X) the total number of calendar/work days in a month times (X) total hours in a work day (8 hours) equals (=) the total budgeted hours.</p> <p>Yes, for example, some months may have 20 work days and other months may have 22 work days. This will cause a variation in the total number of hours available per month.</p>

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

			<ul style="list-style-type: none">◆ Time spent giving one-on-one presentations◆ Time spent giving group presentations◆ Time spent at a presentation site available for presentations but not actively engaged in a presentation.◆ Time spent traveling between presentation locations◆ Time spent in training and/or with a supervisor on presentation/HCO related issues.◆ Time spent on other outreach activities such as contacting beneficiaries.◆ Time spent in staff meetings <p>The response to question number 241 suggests that there is a cap of hours available for billing based on a formula of 160 hours times the number of FTE. Does the number of hours available to bill fluctuate by work days in the month? Is it based on the number of people who are doing presentations (i.e. there may be people working part-time) or is it based on an FTE threshold calculated in advance with the state? Are all categories of “work time” identified above calculated up to this threshold?</p>	
--	--	--	---	--

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

43	Addendum 5, Official Answers to Questions	Question 265	80 of 91	The official answers to questions indicated that the list requested is in the Data Library. After an exhaustive search, we have been unable to locate this information. Will CDHS provide more detail on the specific location of this information within the Data Library?	The official answer was stated incorrectly. The CDHS uses a TCP/IP network, and employs SSL and IPSec tunneling software on network devices to achieve confidentiality and authentication. None of this is proprietary, nor is it very expensive to employ.
44	Addendum 5, Official Answers to Questions RFP Main Exhibit A, Attachment II	Question 292 h) Records Retention and Retrieval Plan 7.4	90 of 91 41 7-2	Please clarify if there is a difference between the “plan” mentioned in Question 292 and on page 41 of the main RFP and the “manual” requirement in Section 7.4 of Exhibit A, Attachment II, or if this is the same document. If the same document and given the 10-page limit for the plan, is it CDHS’s expectation that the successful contractor will expand the manual via the revision process after contract award? If not the same document, please clarify when the “manual” is due.	The Records Retention Plan, submitted in the Narrative Proposal, describes how the Proposer plans to meet all the Records Retention requirements in the Contract. The Records Retention and Retrieval Policy and Procedures Manual provides the procedures that the Contractor shall use on a day-to-day basis in meeting all Contract requirements. The Records Retention and Retrieval Policy and Procedures Manual is due three (3) months prior to the Assumption of Operations, as stated in Exhibit A, Attachment I, Takeover.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

45	Appendix 2, Data Library	Data Library Index	1 of 8	The second item on the original list of data library materials is “Maximus Contract #01-15932,” which is described as the “The written, fully executed agreement between Maximus and CDHS to operate the California Health Care Options Program for the State.” However, the CD only contains the Phase 2/3 extension document and two contract amendments, not the full, original contract. Will CDHS please provide the full Maximus contract?	The Contract is provided in the Data Library.
46	RFP Main, Addendum 5	C	16	The RFP states that the first phase of the contract will begin on October 1, 2008 and end June 30, 2009, with three (3) one (1)-year phases to extend through September 30, 2012. Please clarify if the first phase of the contract will be one year, ending on September 30, 2009, with extensions from October 1 to September 30 for each additional phase. If not, please clarify if one of the extension phases will be for 15 months, not one year.	The first Operations phase will end June 30, 2009, and each subsequent Operations phase will end on June 30. The last of the three (3) one (1)-year Operations phases will end on June 30, 2012, with the Turnover Phase ending on September 30, 2012. If extended operations phases are utilized, the year the Contract will terminate will change accordingly.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

47	RFP Main, Addendum 5	L.4.K; Attachment 16-11	55	If the ACS results in a change to materials printed, how should that be included in the ACS cost forms which do not follow the same format as the informing or enrolling price forms? For example, If review of HCO materials results in a change in the printing costs for HCO materials, should the change in printing costs be included in the total fixed price?	If an ACS proposal effects any of the fixed price bids for Operations, the specific details will need to be identified in the ACS proposal and then the total Operational cost for each Phase shall be entered on Attachments 16-10.1-7. Consequently, the fixed price bids would be adjusted through the ACS process.
48	Addendum 5	K.3.j.4.a.xix	Page 39	On Page 39 of Addendum 5, the Takeover Plan item xix states, "Administration", however the last section of the Takeover SOW is titled "1.23 Takeover Completion". "Administration" does not appear in the Takeover SOW. Could CDHS confirm that "Administration" is equivalent to "Takeover Completion"?	"Administration" is not equivalent to "Takeover Completion". The items listed under "Administration" are those items listed in other parts of the RFP that require deliverables to be submitted during Takeover.
49	Addendum 5	K.3.j.4.d.	Page 40 - 41	Please clarify if it is CDHS intention to include the new headings for Processing Development Guidelines, Documentation Requirements, and Evaluation of Manuals in the listing for Enrollment/Disenrollment Processing Compliance Plan sections listed with roman numerals.	Yes, these will be added. The language will be revised in an addendum.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

50	Addendum 5	K.3.j.4.d.	Page 40 - 41	It appears that this section was inadvertently affected by the tracked changes resulting in duplicate numbering. Please confirm that the Roman numerals for the Enrollment/Disenrollment section should be consecutively numbered.	The numbering has been changed as a result of new items being added in Addendum 10.
51	Addendum 5	M.1.d	Page 56	It appears the proposal submission date of March 9, 2007 was not updated in this section of Addendum 5. Please confirm the proposal submission date is April 6, 2007.	As stated in Administrative Bulletin 5, Addendum 4, the due date for submission of proposals in April 6, 2007 at 4:00 p.m. Pacific time.
52	Addendum 5	O.7	Page 71 - 77	It appears that not all of the changes made to the Takeover Statement of Work sections were updated within the Evaluation Criteria in Section O.7 of Addendum 5. Could CDHS review the Takeover Outline and update the Evaluation Criteria Section O.7?	The language in Main, O.7 will be revised in an addendum.
53	Addendum 5	O.7	Page 73	Could CDHS clarify which Takeover Statement of Work requirement is being referred to in Evaluation Question #8, "F: Plan for Interfacing with County Social Services for Maximum Referrals to HCO"?	The language in Main, O.7 will be revised in an addendum.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

54	Addendum 5	O.7	Page 75	Evaluation Criteria #19 specifically mentions the Process Test Plan, which was changed to Integrated Testing in Addendum 5. Should bidders assume that this evaluation criteria will now apply to the Integrated Testing Plan? As a follow up, does this refer to the Integrated Testing Plan in Exhibit A, Attachment I, Section 1.12.7.1 or in Section 1.19.6.1?	The language in Main, O.7 will be revised in an addendum.
55	Addendum 5	O.7	Page 75	Takeover Evaluation Criteria #19 specifically mentions "Process Testing Responsibilities". We were unable to locate a Section in the Takeover statement of work (SOW) titled "Process Testing Responsibilities" or "Integrated Testing Responsibilities". Can CDHS please specify which Takeover SOW section this requirement refers to?	The language in Main, O.7 will be revised in an addendum.
56	Addendum 5	O.7	Page 76	Could CDHS clarify to which "Acceptance Testing" requirements are being referred to in Evaluation Criteria #20 (Takeover SOW 1.12.8 or SOW 1.19.7)?	The language in Main, O.7 will be revised in an addendum.
57	Addendum 5	O.7	Page 76-77	Could CDHS clarify which Takeover Statement of Work requirements are being referred to in Evaluation Criteria #23 A: Enrollment/Disenrollment processing and #23.C, Enrollment/Disenrollment Information Maintenance?	The language in Main, O.7 will be revised in an addendum.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

58	Addendum 5	O.7.j.item 5	Page 90	Could CDHS clarify if bidders are required to submit the full Disaster Prevention and Recovery/ Business Continuity Plan as part of the proposal or is a description of the plan sufficient to meet RFP requirements as described in Addendum 5, Section O.7.j.item 5?	Proposers are required to submit the full Disaster Prevention and Recovery/Business Continuity Plan as part of the Narrative Proposal. The Takeover Schedule, required in Exhibit A, Attachment I, Takeover, Section 1.5, Takeover Schedule, will be revised to reflect the updated Plan as due four (4) months prior to Assumption of Operations. The language will be revised in an addendum.
59	Addendum 5	N/A	N/A	Is it CDHS intention to have completed Conflict of Interest Disclosure Statement Questionnaires for each of the Contractor and Subcontractor's employees (and others as required by Section 8 of Exhibit B) included as an attachment to the Proposal (which would add several hundred pages to the bidder's Proposal)?	No, Proposers are not required to submit the documents required in Exhibit E, Section 8, Avoidance of Conflicts of Interest by Contractor, in the Narrative Proposal. The requirements as stated in Exhibit E, Section 8, Avoidance of Conflicts of Interest by Contractor, will be revised to reflect that the original documents are first due two (2) weeks after CED. The language will be revised in an addendum. However, Proposers are required to submit Attachment 15 with the Narrative Proposal.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

60	<p>Addendum 5: RFP Main, Section J Qualification Requirements, last sentence “Proposers must certify and submit proof that no prohibited conflict of interest exists”.</p> <p>RFP Main, Section K Proposal Format and Content Requirements 7. a) Conflict of Interest Compliance Certificate “Proposers must submit Attachment 15 and any accompanying documentation consistent with Attachment 15 provisions”.</p> <p>Section 8 of Exhibit E as amended by Addendum 5: “Conflict of Interest Disclosure Statement” (Disclosure Statement), “Conflict of Interest Disclosure Statement Questionnaire” and as necessary, a “Conflict of Interest Disclosure Avoidance Plan” (Avoidance Plan), using the following timetable: The originals as part of the proposal transmittal letter; An update two (2) weeks after Contract Effective Date (etc) Questionnaires shall be completed by all Contractor HCO Program personnel..... The Contractor shall provide copies of all Questionnaires, and as necessary, all Avoidance Plans, to the CDHS using the timetable described above.</p>		N/A	<p>The new requirement for the Conflict of Interest Questionnaire in Exhibit E Section 8 appears to indicate copies of completed Questionnaires must accompany the Proposal. This new requirement appears to be in conflict with RFP Main Sections J and K 7 a) and Attachment 15 which only require documentation in the event a suspected or potential conflict of interest exists. Please clarify.</p>	<p>The new requirement as stated in Exhibit E, Section 8, Avoidance of Conflicts of Interest by Contractor, will be revised to exclude the requirement of providing Section 8 documents with the Narrative Proposal. The language will be revised in an addendum. RFP Main Sections J and K7a) and Attachment 15 requirements remain as written.</p>
----	--	--	-----	---	--

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

61	Addendum 5, Exhibit A, Attachment II	1.4.3.C.3 and 3.23	Customer Service 1-5	Section 1.4.3.C.3. implies that there is an additional written notice provided to beneficiaries within ten (10) calendar days of an IA letter mailing. Should the requirement read "ten (10) calendar days from mailing of the Intent to Assign (IA) letter"? If not, is this notice in addition to the notice required 13 business days following the IA letter mailing?	The CDHS intention in the language in Exhibit A, Attachment II, Section 1.4.3.C, Telephone Call Center Standards, is that the TCC staff shall make contact verbally. The notice that the CDHS intends to default the mandatory beneficiary is mailed one (1) business day after the final unsuccessful attempt to verbally contact the beneficiary and obtain a complete and accurate Choice Form.
62	Question 61	N/A	N/A	The answer to question 61 states that the original choice form must be included with a letter back to the beneficiary in those instances where an incomplete or inaccurate choice form is received. Under the current HCO contract, CDHS provided approval via H# 0904-1587, dated October 15, 2004, to the existing Contractor to mail image copies of choice forms in place of the originals. If the beneficiary is contacted by the Contractor and the correct choice information is obtained, may the Contractor generate a new form with the beneficiary's choice information pre-populated on the form in place of the original form? Also, will CDHS consider this question for other HCO forms such as Exception to Plan Enrollment Forms as referenced by CDHS in the answer to question 61?	Yes, the Contractor is allowed to generate a new Choice Form, and other HCO forms such as Exemption to Plan Enrollment Forms, in place of the original form. Also, please refer to question 23 within this document for further information.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

63	Question 111	N/A	N/A	<p>The answer to question 111 appears to conflict with the requirement listed in Section 1.4.1.C.3, which states in part, "Allow a caller the option of entering in his/her telephone number to receive a return call and maintaining the caller's place in the call distribution queue...For the purpose of identifying performance standards incoming calls that result in a caller-initiated automated call back are not associated to the 'call abandonment' performance standards, but are associated to the 'voice mail calls returned' performance standards...". Is it CDHS intent that the Contractor will request the caller's telephone number, but will not provide a reason why the number is being requested? To take full advantage of this feature would CDHS consider allowing the Contractor to 1) Notify the caller of the availability and brief functionality of this feature in the IVR script and 2.) Allow the Contractor to deduct calls successfully connected using this method from the "voice mail calls returned" performance standard as was similarly done for the abandonment rate in question 110?</p>	<p>Yes, CDHS will consider allowing the Contractor to notify the caller of the availability and brief functionality of this feature in the IVR script. No, CDHS will not allow the Contractor to deduct calls successfully connected using this method from the 'voice mail calls returned' performance standard because this functionality is not considered as a voice mail message that is to be returned. The number of times callers use this functionality is not to be included in the number of voice mail messages left by callers. These are two different functionalities of the Telephone Call Center.</p>
----	--------------	-----	-----	--	--

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

64	Question 114	N/A	N/A	The content, layout, and construction of informing materials has a significant impact on price. A bidder who proposes a lesser quality than current materials may feel that they are meeting base requirements, but may in fact be offering the State an inferior and unacceptable product while offering a better price. Please clarify if the State requires proposed informing materials to be of equal or greater quality and which match current content and layout, as this will result in consistent bids.	The proposed informing materials shall meet the standards identified in Exhibit A, Attachment II, Section 2.0, Informing Materials.
65	Question 119	N/A	N/A	The answer to question 119 states "Currently the Consumer Guide is included in the annual renotification mailings (RLM)." To ensure bidders correctly account for all costs associated with this function, please confirm that bidders should include the costs of the Consumer Guide in their bid price related to annual renotification mailings since this function is part of the bidder's fixed price. If costs for this activity are not to be included in the bidder's fixed price, could CDHS clarify how the costs for the Consumer Guide will be reimbursed?	The Consumer Guide fulfillment cost should be included in the fixed price bid for HCO Informing Packet Mailings. Any edits/revisions to the Consumer Guide will be cost reimbursed under Exhibit B, Attachment 1, Section 1.14.1.3.

Health Care Options Program – RFP# 06-55000
Clarification to Proposer Questions and OFFICIAL Answers
March 19, 2007

66	Question 127	N/A	N/A	Question 127 was asked to clearly define the responsibilities of the Contractor related to Medi-Cal Publications as described in Section 2.9, however the answer provided leaves that responsibility open ended and subject to interpretation. Could CDHS clarify if the Contractor is responsible for the development, printing, and storage of the six (6) items listed in Section 2.9.3.B in addition to the distribution responsibility as stated in the answer to question 127?	Please see the changes made to Section 2.9.3.B in Addendum 9.
67	Question 147	N/A	N/A	Will CDHS allow for the correction / completion of other HCO forms based upon information obtained while speaking with the beneficiary/entity on the phone?	Yes, correction/completion of all HCO forms will be allowed based on verbal information obtained from the applicant/beneficiary/entity. All information obtained must be verifiable, and recorded both verbally and in writing.
68	Question 183	N/A	N/A	Please confirm that the reference to 3.11.1.A is per the previous version of Exhibit A, Attachment II -- and that the new reference for this section should be 3.12.1.A as shown in Addendum 5, page Enrollment Disenrollment Processing 3-6?	The Official Answer should have referenced to 3.12.1.A, not 3.11.1.A.